								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									101504810				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTTY	OR		RTHAN	· · · · · · · · · · · · · · · · · · ·
TOTAL CLAIMS								YPE (FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ļ	SASIC FE	150.00	OR			
π	OTAL CHARGE	minus 20=		•		ŀ	X\$ 25=	i .	OR				
INI	DEPENDENT C	minus 3 =		•		-	X100=	-	1	Year			
_		NDENT CLAIM P	1		<u> </u>			X100=	 	OR	\2W=		
								+180=	· ·	OA	+360=		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL													
爪	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER		
D	pri-in	CLAIMS	-	HIGH	EST				ADDI-	1		ADDI-	İ
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. (e	Minus		(0)	= /		X\$.25=		OR	X\$50=		
MEN	Independent	. 2	Minus	*** 5	<u> う・</u>	. /		X100=		OR	X200=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		H	400			.250		
								+180= TOTAL		OR.	+360=		٠.
/	(Column 1) (Column 2) (Column 3)							ADDIT, FEEOR ADDIT, FEE					
_		CLARMS		HIGH	EST	(Cotumn 3)	Г		ADDI-	1		ADDI-	·
AMENDMENT B		REMAINING AFTER AMENDMENT	_	PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 64	Minus	4	/_	- 3	,	K\$ 25=		OR	X\$50=	1500	(/ /
	Independent	• 7	Minus	***	2	= 4	7	X100=		OR	X200=	7000	111
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=		OR	+360= .		1
										OR	TOTAL ADDIT, FEE	950.9	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	•	Minus	44		•	,	C\$ 25=		OR	X\$50=		
ME	Independent	•	Minus	969		•	1	(100=	. ·.		X200=		•
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR			
• 1	f the series in anti-	mn 1 is less then t	na anjeu la sal-	ma 9 selle	77° in	umn 8	_	180=		OR	+360=		
-	the Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pa	dd For IN THE	S SPACE IS S SPACE IS	ters that	n 20, enter "20." n 3, enter "3."	ADI	DITAL DIT. FEE: In the app	propriate box		ADDIT: FEE Junin 1,		

FORM PTO-675 (Rev. 10/04)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE